

Layne Scenario

This is Holly's first year in college and she has no felony.

VOID CORRECTED

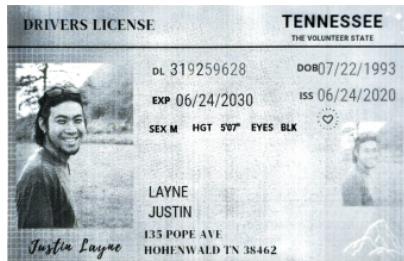
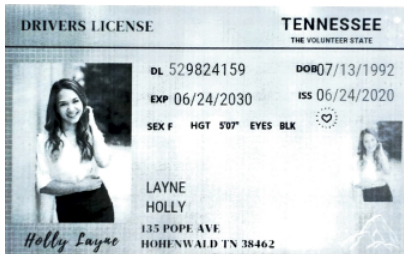
PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no. Division of Employment Security Andrew Jackson Building		1 Unemployment compensation \$ 12350.00	OMB No. 1545-0120 Form 1099-G	Certain Government Payments Copy 1 For State Tax Department
PAYER'S federal identification number 62-4568951		2 State or local income tax refunds, credits, or offsets \$		
RECIPIENT'S identification number 418-00-7569		5 RTAA payments \$	4 Federal income tax withheld \$ 624.00	
RECIPIENT'S name Justin Layne Street address (including apt. no.) 135 Pope Ave City or town, state or province, country, and ZIP or foreign postal code Hohenwald, TN 38462		7 Agriculture payments \$	6 Taxable grants \$	
Account number (see instructions)		9 Market gain \$	8 Check if box 2 is trade or business income <input type="checkbox"/>	
		10a State	10b State identification no.	11 State income tax withheld \$
				\$

Form **1099-G** www.irs.gov/form1099g Department of the Treasury - Internal Revenue Service

CORRECTED

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone number University of Tennessee 4350 Vol's Drive		1 Payments received for qualified tuition and related expenses \$ 8650.00	OMB No. 1545-1574 Form 1098-T	Tuition Statement Copy B For Student This is important tax information and is being furnished to the Internal Revenue Service. This form must be used to complete Form 8863 to claim education credits. Give it to the tax preparer or use it to prepare the tax return.
FILER'S federal identification no. 62-4411222		2 Amounts billed for qualified tuition and related expenses \$		
STUDENT'S taxpayer identification no. 480-00-3472		4 Adjustments made for a prior year \$	5 Scholarships or grants \$ 5500.00	
STUDENT'S name Holly Layne		6 Adjustments to scholarships or grants for a prior year \$	7 Checked if the amount in box 1 or 2 includes amounts for an academic period beginning January - March 2017 <input type="checkbox"/>	
Street address (including apt. no.) 135 Pope Ave City or town, state or province, country, and ZIP or foreign postal code Hohenwald, TN 38462		8 Check if at least half-time student <input checked="" type="checkbox"/>	9 Checked if a graduate student <input type="checkbox"/>	
Service Provider/Acct. No. (see instr.)			10 Ins. contract reimb./refund \$	

Form **1098-T** (keep for your records) www.irs.gov/form1098t Department of the Treasury - Internal Revenue Service



Primary Name (as shown on SS Card) Justin Layne		Spouse Name (as shown on SS Card) Holly Layne	
Social Security # 418-00-7569	Date of Birth (MM/DD/YYYY) 07/22/1993	Social Security # 480-00-3472	Date of Birth (MM/DD/YYYY) 07/13/1992
Can anyone claim you as a dependent? YES or NO Were you married as of Dec 31st? <input checked="" type="radio"/> Yes or <input type="radio"/> NO		If married, Live together? <input checked="" type="radio"/> Y or N If no when did you separate?(MM/DD/YYYY)	
Occupation: unemployed		Occupation: student	
Email Address:		Email Address: UOTstudent@tennessee.net	
Address IRS can send notices to: 135 Pope Ave		City: Hohenwald	State: TN
Phone: Primary 931-244-7614		Zip: 38462	
Phone: Spouse 931-826-1048			
Dependents:			
Name	DOB	SS#	SS Card (Y or N)
DEPENDENTS			
***Can anyone else claim your dependent(s) listed above? YES or NO. ***			
Did you, any dependents, or Anyone on your behalf Purchase HEALTH INSURANCE FROM THE MARKETPLACE? YES OR NO ?			
Do you or you spouse owe the IRS or have Student Loan debt? no		Who owes the debt?	
<p>Incorrect information will delay your refund. This Jackson Hewitt office will never knowingly assist you in filing a fraudulent return. If you cannot provide all your income or expenses at the this time, you should not file this return. If you file and later find you have additional information you will need to AMEND at a cost of \$100 in additional fees and could possibly owe additional tax to the IRS. Always file any additional information prior to April 15th.</p>			

DIRECT DEPOSIT AUTHORIZATION FORM

Name of Financial Institution _____
Routing # _____
Account # _____
Type of Account: Checking/ Prepaid Card/ Savings _____

DRIVERS LICENSE INFORMATION

LICENSE NUMBER _____
ISSUE DATE _____
EXPIRATION DATE _____

LICENSE NUMBER _____
ISSUE DATE _____
EXPIRATION DATE _____

By signing below you certify that all the information is true, correct, and complete:

Justin Layne 
 Primary _____ Date _____
Holly Layne 
 Spouse _____ Date _____